

2008 Bicycle Ride Across Tennessee Website Registration Form

Single Day(s) Rider

NAME: _____

Print Large!

Please print this document and completely fill in all information requested, especially your email address! You will also need to print and sign a “**Liability Release Form**” and attach it to this registration form. You will receive an email confirmation once your registration form, check, and liability form are received. Your name and state will be posted on the “REGISTERED RIDER” list located on the BRAT website. Please do not register more than one person per form. Thanks!

Ride Director's email address:

GaryW.Patterson@state.tn.us

YOUR REGISTRATION FEE INCLUDES THE FOLLOWING:

- ROUTE INFO
- 7 Night s Camping
- TOILETS AND SHOWERS
- EVENING PROGRAMS
- LOTS OF SAG SUPPORT ON THE ROUTE
- EXCELLENT REST STOPS

PLEASE PRINT ALL INFORMATION CLEARLY!

RIDER'S NAME: _____

STREET: _____

CITY AND STATE: _____

ZIPCODE: _____

PHONE NUMBER(s): _____

***EMAIL ADDRESS:** _____

EMERGENCY CONTACTS

ON BRAT: NAME: _____

PHONE: _____

NOT ON BRAT: NAME: _____

PHONE: _____

FEE SUMMARY

**PLEASE CIRCLE FEES YOU ARE ENCLOSING PLUS YOUR T-SHIRT SIZE.
FEES DO NOT INCLUDE MEALS.**

Sunday, Sept 14 **\$38**

Warriors Path to Roan Mountain

Monday, September 15 **\$38**

Roan Mountain To Davy Crockett Birthplace

Tuesday, September 16 **\$38**

DCBP To Gatlinburg

Wednesday, September 17 **\$38**

Day Loops around Gatlinburg and Great Smoky Mtn National Park

Thursday, September 18 **\$38**

Gatlinburg To Jonesboro

Friday, September 19 **\$38**

Day Loops around Jonesboro

Saturday, September 20 **\$25**

Jonesboro to END at Warriors Path

T-SHIRT: S M L XL XXL **\$15**

Total Fees Submitted: _____

No refunds will be given after Monday, September 3rd. Riders are responsible for the following:

- Transportation to their vehicle
- Directions to the location they are starting from

MAKE YOUR CHECK PAYABLE TO: CUMBERLAND TRAIL CONFERENCE

BE SURE TO COMPLETE AND ENCLOSE:

- ☐ REGISTRATION FORM
- ☐ LIABILITY RELEASE FORM
- ☐ PAYMENT

MAIL TO:

CUMBERLAND TRAIL CONFERENCE
ATTN: BRAT 2008
19 E 4TH ST.
CROSSVILLE, TN 38555

This is a legal document. Please read before signing.

RELEASE OF LIABILITY

In consideration for letting me participate in the 2008 Bike Ride Across Tennessee and related activities ("BRAT"), I hereby covenant with the State, its employees, volunteers, and agents, coordinating groups, supporting groups, sponsors, including but not limited to the Cumberland Trail Conference and any individuals associated with BRAT referred to as "Releasees", and release and discharge those entities, on behalf of myself, heirs, assigns, personal representative(s) and estate(s) as follows:

ACKNOWLEDGMENT OF RISKS

I understand and acknowledge that I am about to voluntarily participate in BRAT. BRAT will involve certain known and unanticipated risks. Participation in BRAT could result in injury, death, illness, disease, physical or mental injury, or property damage to myself or to other third parties. Among the risks are the following:

Wet or uneven surfaces that can lead to skids resulting in severe injuries including paralysis.

Exposure to natural elements can be harmful. The weather may be either extremely hot, cold or rainy. Heat, sunburn, dehydration, heat exhaustion, heat stroke, hyper or hypothermia may result.

Poisonous or dangerous plants, (such as poison ivy), insects, or animals may cause injury or allergic reactions.

Collisions with cars or other riders can result in severe injury, death and/or property damage.

I understand and acknowledge that the above list is not complete and that there may be other risks. I expressly understand and accept all of the risks involved with my participation in BRAT, and I elect to participate in spite of the risks.

RELEASE

I HEREBY VOLUNTARILY RELEASE AND FOREVER DISCHARGE RELEASEES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTION, which are related to, arise out of, or are in any way connected with my participation described above.

I FURTHER AGREE NOT TO SUE, ASSERT OR OTHERWISE MAINTAIN OR ASSERT ANY CLAIM AGAINST RELEASEES, FOR ANY INJURY, DEATH, ILLNESS OR DISEASE, OR DAMAGE TO MYSELF OR MY PROPERTY, ARISING FROM OR CONNECTED WITH PARTICIPATION IN BRAT UNLESS CAUSED BY RELEASEES' GROSS NEGLIGENCE.

I FURTHER AGREE TO HOLD HARMLESS AND INDEMNIFY RELEASEES FOR ANY SUCH INJURY, DEATH, ILLNESS, DISEASE, PROPERTY DAMAGE OR EXPENSES ARISING FROM OR CONNECTED WITH MY PARTICIPATION IN BRAT.

IN SIGNING THIS DOCUMENT, I FULLY RECOGNIZE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED WHILE I AM ENGAGED IN BRAT, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST RELEASEES, EVEN IF THEY OR ANY OF THEM NEGLIGENTLY CAUSED THE BODILY INJURY OR PROPERTY DAMAGE UNLESS CAUSED BY RELEASEES' GROSS NEGLIGENCE.

I hereby grant permission for the free use of my name and/or picture in any broadcast, telecast, or media account of the event.

I hereby give permission for transportation to any medical facility or hospital and I authorize any qualified personnel to render necessary emergency medical care to me.

My signature below indicates that I HAVE READ THE ENTIRE DOCUMENT, THAT I UNDERSTAND IT COMPLETELY and agree to be bound by its terms.

SIGNATURE: _____ **DATE:** _____

PRINT NAME IN LARGE LETTERS: _____